

ALERT: This form must accompany
an **Application for Certification**
and appropriate fee.



ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

Verification of CTE Employment

****** Must Be Completed By Employer ******

Please complete this form including all the required information below.

****PLEASE NOTE: You cannot verify your own work experience. If you were self-employed you need to have an accountant, lawyer, or School Superintendent verify your work experience.**

Please sign and date at the bottom.

Employee's name: _____

Employee's Social Security #: _____

Business name: _____

Dates of Employment: _____

Total Hours of Employment: _____

Position(s) Held: _____

Job Title: _____

Job Duties: _____

I certify the above information to be true and correct.

Signature

Name (please print)

Date

Title (please print) _____

Mailing Address (please print) _____

Contact Phone Number _____